

Case Number:	CM15-0062867		
Date Assigned:	04/08/2015	Date of Injury:	03/01/2007
Decision Date:	06/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old male, who sustained an industrial injury on 3/1/2007. The current diagnoses are cervical discogenic disease, cervical radiculitis, cervical facet syndrome, status post cervical fusion. Treatment to date has included medication management, radio-frequency lesioning, and surgical intervention. Diagnostic studies have included urine drug screens that was indicated to be appropriate for prescribed medications. His surgical history includes an Anterior Cervical Discectomy and Fusion of C5-C7 in 2008, right carpal tunnel release in 2010, and left carpal tunnel release and ulnar nerve transposition in 2010. According to the most current progress report dated 8/14/2014, the injured worker complains of increased pain in his neck and shoulders. The pain has been gradually increasing over the prior 4-6 weeks. The pain radiates into bilateral arms to the level of the elbows and into the scapular/intrascapular regions. Additionally, he complains of frequent spasms in the bilateral shoulders, right worse than left. His sleep is impaired. Headaches are occipital and intermittent. He has numbness and tingling in the upper extremities. The pain is rated 7-8/10 on a subjective pain scale. The current medications are Exalgo, Dilaudid, Soma, Elavil, Xanax, and Prevacid. The plan of care includes Hydromorphone, Cyclobenzaprine, Lansoprazole, and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydromorphone ER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines state there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation regarding objective functional improvement with abilities to perform activities of daily living. The request does not include a strength or any dosing instructions. This medication is recommended to be weaned. The request for hydromorphone ER is not medically necessary.

Cyclobenzaprine 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The California MTUS Guidelines state cyclobenzaprine is recommended for a short course of therapy. The guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The request does not include dosing instructions. As the guidelines recommend cyclobenzaprine for short-term use and this medication is a refill, and there is a lack of documentation of first line treatment, the request for cyclobenzaprine 10 mg is not medically necessary.

Lansoprazole DR 30 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-68.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended with precautions. First, a determination must be made if the patient is at risk for gastrointestinal events. The criteria includes an age of greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirins, corticosteroids, and/or an anticoagulant; and high dose use of NSAIDs or multiple NSAID use. The injured worker does not fulfill this criteria as there is a lack of documentation regarding peptic ulcer, GI bleeding or perforation; high dose or multiple NSAID use; or concurrent use of aspirin, corticosteroids, or an anticoagulant. The request does not include dosing instructions. Therefore, the request for lansoprazole DR 30 mg is not medically necessary.

Amitriptyline 50 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

Decision rationale: The California MTUS Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. There is a lack of documentation regarding neuropathic pain with this injured worker. The request does not include dosing instructions. The request for amitriptyline 50 mg is not medically necessary.